

SMWIA Local 49 Family Health Plan

Administrative Office
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February 19, 2009

IMPORTANT ANNOUNCEMENT

To: All Eligible Participants

Re: Vision Benefit Allowance Upgrade

Dear Participant:

We are pleased to announce that the Board of Trustees has agreed to increase the vision benefit allowances effective April 1, 2009. Attached please find a schedule of the current and new allowances effective April 1, 2009.

Should you have any questions regarding this change, please do not hesitate to contact the Administrative Office at 1-800-432-6636.

Sincerely,

The Board of Trustees

**SMWIA Local 49 Family Health Plan
Schedule of Allowances - Vision Plan - Plans A & B**

Benefit Allowance	Prior to 4/1/2009	Effective 4/1/2009
1 Eye Examination ¹	\$46.00	\$69.00
2 Lenses ¹		
- allowance for single vision lenses	\$26.00	\$39.00
- allowance for bi-focal vision lenses	\$44.00	\$66.00
- allowance for tri-focal vision lenses	\$61.00	\$91.50
- allowance for exam plus contact lenses for cosmetic or convenient purposes	\$72.00	\$108.00
- allowance for contact lenses obtained following cataract surgery or when visual acuity cannot be corrected to 20/70 in the better eye except by their use	\$360.00	\$540.00
3 Frames ¹	\$36.00	\$54.00

¹ Limited to one per calendar year.